

ADVANCED CHEMISTRY

Dates: August 4-8, 2008

Location: Weber State University

Instructor: Dr. Michelle More

Credit: Three semester hours - USOE or WSU

Registration fee & deposit: \$275; \$40 deposit payable to WSU

Send registration & deposit to: Dr. Sharon Ohlhorst
Center for Science & Math-WSU
2509 University Circle
Ogden, UT 84408-2509

Registration Contact Information: Dr. Sharon Ohlhorst
Center for Science & Math Education
Weber State University
801-626-6160
csme@weber.edu

Course Description: This course is for teachers of grades 10-12. This professional chemistry course is considered the capstone in the chemistry endorsement course sequence. This upper-division course focuses on several areas of chemistry: aqueous solution chemistry, reduction-oxidation reactions, equilibrium and kinetics, organic chemistry with an emphasis on functional groups and polymers, biomolecules, and modern analytical instrumentation. A combination of classroom lectures, laboratory exercises, and a field trip to a place such as the Utah State Crime Lab will be used to deliver content and methods. **Please note:** evening work will be required (all participants will be eligible to stay in the dorm rooms) and you will need to take a pre-test before your registration will be completed. Due to the Nature of possible class assignments, some homework may extend beyond the one week course, so grades may not be available until fall semester.



2008 Science Professional Development Registration Form

(Duplicate as Necessary)

Mail to:

Workshop Contact:

Sessions fill on a first-come basis. Register early to secure your place.

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

Contact Information:

Teacher: _____
District: _____
School: _____
Grade Level/Subject: _____
Home Address: _____

City: _____ Zip: _____
Home phone: _____
School phone: _____
CACTUS # : _____
E-mail: _____

Commitment to Attend & District Approval:

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # _____ enclosed **OR**

☐ **SCHOOL** _____ **OR**
Principal

☐ **DISTRICT** _____
District Representative

**Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

Return this completed registration form and your refundable deposit check to the above listed workshop contact.

A separate registration form must be submitted for each workshop you plan to attend.